

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 8 — 0 0 2

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 1998

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT: 5,000 PSDa. FFY 98/99 \$ Indeterminantb. FFY 99/2000 \$ Indeterminant 5,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Limitations of Attachment 3.1-A

Page 26

Limitations of Attachment 3.1-A

Page 27

Limitations of Attachment 3.1-A, Page 28
Limitations on Attachment 3.1-B, Pages 25-27

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

OR ATTACHMENT (If Applicable): *Limitations on*
Attachment 3.1-B,

Page 26 (TN 92-22)

Limitations of Attachment 3.1-A

Page 27 (TN 92-22)

Limitations of Attachment 3.1-A

Page 28 (TN 92-22) *and Page 29*

10. SUBJECT OF AMENDMENT: Add credentialed practitioners as providers of treatment services, under the supervision of a licensed health professional, to students with an Individualized Education Plan.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

The Governor's office does not wish to receive State Plan Amendments

2. SIGNATURE OF STATE AGENCY OFFICIAL:

J. Douglas Porter

3. TYPED NAME:

J. Douglas Porter

4. TITLE:

Deputy Director, Medical Care Services

5. DATE SUBMITTED:

3/31/98

16. RETURN TO:

Department of Health Services

Medi-Cal Policy Division

Medi-Cal Benefits Branch

Attn: State Plan Coordinator

714 P Street, Room 1640

Sacramento, CA 95814

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 31, 1998

18. DATE APPROVED:

*June 11, 2001***PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 1998

20. SIGNATURE OF REGIONAL OFFICIAL:

Linda Minamoto

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

STATE PLAN CHART

Type of Service	Program Coverage**	Authorization and Other Requirements*
24g Local Education Agency (LEA) Services	<p>LEAs which include School districts, County Offices of Education, Special Schools, Community College Districts, California State Universities and Universities of California, that provide Title XIX covered services. This plan amendment combines under a single category LEA services that are frequently offered by LEAs.</p> <p>LEA services are defined as:</p> <ul style="list-style-type: none"> Health and mental health evaluation and education (EPSDT covered in Subsection 4b and 13c). Health and mental health evaluation and education includes parts of the EPSDT assessment such as assessment of nutritional status and nutritional education, vision assessment, hearing assessment, assessment of psychosocial status, health education and anticipatory guidance appropriate to age and health status including wellness counseling, referrals for prenatal care, and referrals for well-child care; 	<p>Two LEA services may be provided per month (up to 24 per year) per beneficiary without prior authorization, provided that medical necessity criteria are met. LEAs may obtain authorization for LEA services beyond two per month from the beneficiary's:</p> <ul style="list-style-type: none"> Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) developed for the special education student, California Children Services Program, Short-Doyle Program, Medi-Cal field office authorization (TAR), Prepaid health plan authorization (including Primary Care Case Management). <p>Rendering providers of LEA services, including physical therapy, occupational therapy, speech/audiology, psychology and nursing must be licensed or certified under state law and may only provide services within their defined scope of practice. In addition, the following limitations apply:</p>

*Prior Authorization is not required for emergency service.

**Coverage is limited to medically necessary services.

TN No. 98-002
Supercedes
TN No. 92-22

Approval Date JUN 11 2001

Effective Date 1/1/98

STATE PLAN CHART

Type of Service	Program Coverage**	Authorization and Other Requirements*
24g Local Education Agency (LEA) Services (cont.)	<ul style="list-style-type: none"> Physical therapy, (as covered in Subsection 11(a); Occupational therapy (as covered in Subsection 11(b) Speech/audiology (as covered in Subsection 11(c); Physician services (as covered in Subsection 5(a); Psychology (as covered in Subsections 6(d), 13(c), and 13(d); Nursing services (as covered in Subsections 4(b) and 13(c); School health aide services (as covered in Subsections 13(d) and 24(a); Medical transportation (as covered in Subsection 24(a). 	<ul style="list-style-type: none"> Credentialed school psychologists may provide psychosocial assessments, health education and anticipatory guidance to any Medicaid eligible student. Credentialed school psychologists may provide psychological treatment services only to the extent authorized under Business and Professions Code section 2910 and Education Code sections 49422 and 49424 to Medicaid eligible students. Credentialed school social workers may provide psychosocial assessments, health education and anticipatory guidance to any Medicaid eligible student. Credentialed school social workers may provide psychosocial treatment services only to the extent authorized under Business and Professions Code sections 4996.9, 4996.14 and 4996.15 and Education Code section 44874 to Medicaid eligible students. Credentialed language, speech and hearing specialists may provide assessments to any Medicaid eligible student. Credentialed language, speech and hearing specialists may provide audiological and communication disorders treatment services under the supervision of licensed speech pathologists or licensed audiologists and only to the extent authorized under Business and Professions Code sections 2530.2, 2530.5 and 2532 and Education Code sections 44225 and 44268 to Medicaid eligible students. Credentialed pupil service workers – may provide psychosocial assessments only;

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STATE PLAN CHART

Type of Service	Program Coverage**	Authorization and Other Requirements*
24g Local Education Agency (LEA) Services (cont.)	LEAs may also be the billing agents for other Medi-Cal services rendered by qualified providers and may participate in the Child Health and Disability program	<ul style="list-style-type: none"> Registered dietitians and nutritionists may provide assessments of nutritional status and nutritional education only; School health aides may provide trained health aide services only under the direct supervision of a physician, registered nurse or nurse practitioner or licensed vocational nurse and only to the extent permitted under federal law and the California Business and Professions Code. <p>The Department of Health Services may specify other practitioners qualified to provide health and mental health evaluation and education services. LEAs providing LEA services may be subject to on-site review and/or audit by the Health Care Financing Administration and/or its agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.</p>

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23g Local Education Agency (LEA) Services	<p>LEAs which include School districts, County Offices of Education, Special Schools, Community College Districts, California State Universities and Universities of California, that provide Title XIX covered services. This plan amendment combines under a single category LEA services that are frequently offered by LEAs.</p> <p>LEA services are defined as:</p> <ul style="list-style-type: none"> Health and mental health evaluation and education (EPSDT covered in Subsection 4b and 13c). Health and mental health evaluation and education includes parts of the EPSDT assessment such as assessment of nutritional status and nutritional education, vision assessment, hearing assessment, assessment of psychosocial status, health education and anticipatory guidance appropriate to age and health status including wellness counseling, referrals for prenatal care, and referrals for well-child care; 	<p>Two LEA services may be provided per month (up to 24 per year) per beneficiary without prior authorization, provided that medical necessity criteria are met. LEAs may obtain authorization for LEA services beyond two per month from the beneficiary's:</p> <ul style="list-style-type: none"> Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) developed for the special education student, California Children Services Program, Short-Doyle Program, Medi-Cal field office authorization (TAR), Prepaid health plan authorization (including Primary Care Case Management). <p>Rendering providers of LEA services, including physical therapy, occupational therapy, speech/audiology, psychology and nursing must be licensed or certified under state law and may only provide services within their defined scope of practice. In addition, the following limitations apply:</p>

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Type of Service	Program Coverage**	Authorization and Other Requirements*
23g Local Education Agency (LEA) Services (cont.)	<ul style="list-style-type: none"> Physical therapy, (as covered in Subsection 11(a); Occupational therapy (as covered in Subsection 11(b) Speech/audiology (as covered in Subsection 11(c); Physician services (as covered in Subsection 5(a); Psychology (as covered in Subsections 6(d), 13(c), and 13(d); Nursing services (as covered in Subsections 4(b) and 13(c); School health aide services (as covered in Subsections 13(d) and 24(a); Medical transportation (as covered in Subsection 24(a). 	<ul style="list-style-type: none"> Credentialed school psychologists may provide psychosocial assessments, health education and anticipatory guidance to any Medicaid eligible student. Credentialed school psychologists may provide psychological treatment services only to the extent authorized under Business and Professions Code section 2910 and Education Code sections 49422 and 49424 to Medicaid eligible students. Credentialed school social workers may provide psychosocial assessments, health education and anticipatory guidance to any Medicaid eligible student. Credentialed school social workers may provide psychosocial treatment services only to the extent authorized under Business and Professions Code sections 4996, 4996.9, 4996.14 and 4996.15 and Education Code section 44874 to Medicaid eligible students. Credentialed language, speech and hearing specialists may provide assessments to any Medicaid eligible student. Credentialed language, speech and hearing specialists may provide audiological and communication disorders treatment services under the supervision of licensed speech pathologists or licensed audiologists and only to the extent authorized under Business and Professions Code sections 2530.2, 2530.5 and 2532 and Education Code sections 44225 and 44268 to Medicaid eligible students. Credentialed pupil service workers – may provide psychosocial assessments only;

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STATE PLAN CHART

Type of Service

23g Local Education Agency
(LEA) Services (cont.)

Program Coverage**

LEAs may also be the billing agents for other Medi-Cal services rendered by qualified providers and may participate in the Child Health and Disability program

Authorization and Other Requirements*

- Registered dietitians and nutritionists may provide assessments of nutritional status and nutritional education only;
- School health aides may provide trained health aide services only under the direct supervision of a physician, registered nurse or nurse practitioner or licensed vocational nurse and only to the extent permitted under federal law and the California Business and Professions Code.

The Department of Health Services may specify other practitioners qualified to provide health and mental health evaluation and education services. LEAs providing LEA services may be subject to on-site review and/or audit by the Health Care Financing Administration and/or its agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.

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